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Mar 26 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766982 (3)

1. Corporation Name

SAN DE LUNA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

P O BOX 643
GULF BREEZE FL 32562-7643

Mailing Address

P O BOX 643
GULF BREEZE FL 32562-0643



3. Date Incorporated or Qualified 02/15/1983
3a. Date of Last Report 04/16/1996

2. Principal Place of Business

21 P.O. Box 11690

Suite, Apt. #, etc.

22 City & State

23 Pensacola, FL

Zip

24 32524

Country

25 USA

2a. Mailing Address

26 P.O. Box 11690

Suite, Apt. #, etc.

27 City & State

28 Pensacola, FL

Zip

29 32524

Country

30 USA

4. FEI Number

59-2390024

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FORD, J STEVEN
107 N PALAFOX ST
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CAMPBELL, JOANNA
STREET ADDRESS 1924 E. JACKSON STREET
CITY-ST-ZIP PENSACOLA FL

☐ DELETE

TITLE PD
NAME VICTOR SMITH
STREET ADDRESS 362 GULF BREEZE PKWY, #161
CITY-ST-ZIP GULF BREEZE FL

☐ DELETE

TITLE D
NAME RON ROSTON
STREET ADDRESS 1350 FT. PICKENS ROAD, #28
CITY-ST-ZIP PENSACOLA FL

☐ DELETE

TITLE D
NAME SYLVIA PERKINS
STREET ADDRESS 83 TWIN OAKS DRIVE
CITY-ST-ZIP STAFFORD VA

☐ DELETE

TITLE D
NAME BARBARA POLLOCK
STREET ADDRESS 1311 LOVETTE LANE
CITY-ST-ZIP DAPHNE AL

☐ DELETE

TITLE SD
NAME BAINTER, CAROL
STREET ADDRESS 1350 FT PICKENS RD 9
CITY-ST-ZIP PENSACOLA FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE PD ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carol Bainter* REVISED Smith

3-12-97 904-932-5470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0074258

CR2E037 (9/96)